

2012 VBS REGISTRATION FORM
June 18-22 from 9:00 a.m.-12:30 p.m.

Child's Name _____

Parent/Guardian Name _____

Address _____

E-mail Address _____

Phone Numbers: Home _____ Cell _____ Work _____

Age _____ **Birthday** _____

Last school grade completed _____

Home Church _____

Allergies/Medical Information

Emergency Contacts

Name _____ **Phone** _____

Name _____ **Phone** _____

Dismissal Information

Names of person(s) who may pick up this child from VBS each day.

I give my permission for Oceanview United Methodist to use my child's picture in publicity.

Parents Signature _____ **Date** _____

I would be willing to be a helper during VBS? _____

Other Information (church use only)

Group _____

Are parents helping with VBS? _____ **Where?** _____

